PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111

F-1A

PERSONAL FINANCIAL AFFAIRS STATEMENT P M O A S R T K

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OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828		(9/02)	AFFAI	RS STATEMENT Short Form	S K T K	
changes or of A complete may be used Deadlines:	m is designed to simplify reporting for persons only minor changes to an F-1 report previously F-1 form must be filed at least every four years for no more than three consecutive reports. Incumbent elected and appointed officials be Candidates and others within two weeks of a candidate or being newly appointed to a pos	filed. ears; an F-1A form y April 15. becoming	DOLLAR CODE A B C D	AMOUNT \$1 to \$2,999 \$3,000 to \$14,999 \$15,000 to \$29,999 \$30,000 to \$74,999 \$75,000 or more		
Last Name Mailing Addres	First s (Use PO Box or Work Address)	Middle	Initial	other dependents living in y	members. If there is no sclose for dependent children our household, do not identifuse. See F-1 manual for deta	ý
City	County	Zip + 4				
An elected Final repor Candidate Newly app Newly app Select either " NO CHAN information MINOR CI	check only one box.) or state appointed official filing annual report it as an elected official. Term expired: running in an election: month ointed to an elective office ointed to a state appointive office No Change Report" or "Minor Change Report, GE REPORT. I have reviewed my last completed in disclosed on those reports is accurate for the change Report. HANGES REPORT. I have reviewed my last opecify F-1 Form Item numbers describing changes.	year " whichever reflects yo ete F-1 report dated e current reporting peri	our situation and F od. ted	F-1A reports (if any) dated (1) The changes listed below ha	ends: rmation. and (2) Th	
Check here if FOOD TRAVEL SEMINARS	Continued on attached sheet Complete this section if a source other following items to you, your spouse coccasion; 2) Travel occasions; or 3) Sem	or dependents, or a	combinatio	n thereof: 1) Food and be		
Date Received	Donor's Name, City and State			scription	Actual Dollar Valu Amount (Use C	
Check here 🗌 if	continued on attached sheet					
☐ I hold a sta	XCEPT CANDIDATES. Check the appropriate ate elected office or am an executive state offi th RCW 42.52.180 regarding the use of public	am	ERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.			
I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.				ure ct Telephone: ()	Date(work)(Home)	

F-1A

Name									
Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.									
	NO CHANGE REPORT. I have reviewed my las information disclosed on those reports is accurate	_ and F-1A reports (if any) dated (1) _	and (2)	The					
	MINOR CHANGES REPORT. I have reviewed my last complete F-1 report dated The changes listed below have occurred during the reported. Specify F-1 Form Item numbers describing changes. Provide all information required on F-1 report.								
	OOD								
	AVEL EMINARS (Continued)								
	Date Donor's Name, City and State	e [Brief Description	Actual Dollar	Value				
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